PTO/SB/06 (07-06)

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U.S. Patent and Tradent Office; U.S. Debatt of U

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/821,811			ling Date 08/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR	$\overline{}$	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A	.ED INON	N/A		N/A	FEL (a)	1	N/A	FEL (#)
┝	(37 CFR 1.16(a), (b), o	or (c))							ł		
片	(37 CFR 1.16(k), (i), c		N/A	$-\!\!\!\!\!-$	N/A		N/A		1	N/A	
<u> </u>	(37 CFR 1.16(o), (p), o		N/A		N/A		N/A		1	N/A	
(37	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =	
	DEPENDENT CLAIM CFR 1.16(h))		minus 3 = *				x \$ =			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ets of pape 250 (\$125 tional 50 s	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))]			J		
* If t	the difference in colu	umn 1 is less than	r "0" in column 2.	-	TOTAL		J	TOTAL			
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	11/17/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Ĭ,	Total (37 CFR 1.16())	· 15	Minus	 152	= 0	l	X \$26 =	0	OR	x s =	
اظ	Independent (37 CFR 1,16(h))	• 1	Minus	···12	= 0	H	X \$110 =	0	OR	x s =	
Ž	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
						•	TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z I	Total (37 CFR 1,16(i))	*	Minus		=	l	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))	•	Minus	***	=	1	X \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))					l			J		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Prevousy Paid For M THIS SPACE is less than 3, enter "20". "If the "Highest Number Prevousy Paid For M THIS SPACE is less than 3, enter "3". TAMARA HARRELLU The "Highest Number Prevousy Paid For M THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceasi an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection in estimated is taking to 12 invalidate to complete is exceeding pulmentary, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.